

Questions to local SigN representatives

1) In your institution, have lectures and seminars been interrupted?

- ☐ Yes
- ☐ NO

2) If Yes, have they been replaced by online activities?

- ☐ NO
- ☐ Just for lectures
- ☐ Both lectures and seminars

3) In your institution, what is changed about elective inpatient admission?

- ☐ Nothing
- ☐ Reduction of admissions
- ☐ Temporary suspensions
- ☐ Increase of admissions

4) In your institution, have you noticed a reduction of the neurological inpatient beds?

- ☐ NO
- ☐ Yes, but less than 30%
- ☐ Yes, but less than 50%
- ☐ More than 50%

5) In your institution, what is changed about neurological day hospital management?

- ☐ Nothing
- ☐ Reduction of all kind of treatments
- ☐ Reduction of diagnostic procedures
- ☐ Reduction/suspension of just some kind of treatments
- ☐ Reduction of admissions
- ☐ Increase of admissions

6) In your institution, have clinical trials been interrupted?

- ☐ Yes
- ☐ Just non-drugs clinical trials
- ☐ Just some of them
- ☐ No
- ☐ We do not usually perform any kind of clinical trials
- ☐ Don't know

7) In your institution, what is changed about outpatient management?

- ☐ Nothing
- ☐ Only urgent requests
- ☐ Temporary suspension

Questions to all the participant to the survey

8) Have you been informed about the protocols for the control of COVID-19 outbreak?

- ☐ Yes, adequately
- ☐ Yes, but not adequately
- ☐ No

9) If Yes, how have you been informed?

- ☐ Online materials
- ☐ Lectures
- ☐ Other (please specify)

10) In your institution, has there been established an official alternative method (e.g. video calls, telemedicine) to reach patients?

- ☐ No
- ☐ Yes, but just for urgent requests
- ☐ Yes, but just for follow-ups
- ☐ Yes, for all patients (including first visits)
- ☐ Other (please specify)

11) In order to contact patients, what kind of tools do you usually choose?

- ☐ Nothing
- ☐ Institutional phone
- ☐ Personal phone
- ☐ Institutional mail
- ☐ Personal mail
- ☐ Videotelephony and online chat services, i.e. Zoom/Skype etc.

12) Before COVID-19 outbreak, have you ever received an adequate training about the use of telemedicine services (online neurological exam, online prescription, etc)?

- ☐ Yes
- ☐ No

13) Before COVID-19 outbreak, have you ever performed a remote neurological visit?

- ☐ Yes
- ☐ No

14) If Yes, how often?

- ☐ Once a day
- ☐ Once every 2-3 days
- ☐ Once a week
- ☐ Once a month
- ☐ Rarely

15) In your institution, have your clinical activity been changed due to COVID-19 outbreak?

- ☐ Yes
- ☐ No

16) If Yes, what kind of actions have been arranged (multiple choice)?

- ☐ Reduction of ward shifts
- ☐ Increase of ward shifts
- ☐ Sharing rota of neurology residents
- ☐ Forced vacation days
- ☐ Smart working (i.e. research activity)
- ☐ Management of the telemedicine activities
- ☐ Other (please specify)

17) In your institute, have you been working on COVID-19 wards?

- ☐ Yes
- ☐ No

18) If Yes, please select one of these:

- ☐ On voluntary basis
- ☐ Established from the Head of the Department/Director of the residency programme
- ☐ Established from local authorities

19) Have you received an adequate formation about the medical management of a suspect or confirmed COVID patients?

- ☐ Yes, with specific lectures performed in my institute
- ☐ Yes, with online seminars provided by my institute
- ☐ No, I provided by myself with online seminars

20) Have there been changes in your research activity?

- ☐ It was interrupted due to closing of laboratories and structures of research
- ☐ It never changed, although I have worked mainly from home
- ☐ It was increased due to reduction of clinical activities, so I had more time to devote to research
- ☐ It was reduced due to reduction of outpatients' visits
- ☐ It was reduced due to increase of clinical work
- ☐ Other ...

21) Has your institute provided enough means in order to perform research from home?

- ☐ Yes
- ☐ No, I have not got full access to the journals
- ☐ No, I have not got statistical software at home
- ☐ No, for other reasons

22) Have you changed your scheduled rotation on neurological services due to this emergency?

- ☐ Yes, the service that I was supposed to do has been suspended
- ☐ Yes, I have been sent to another neurological unit
- ☐ Yes, with a reduction of my working hours
- ☐ No

23) Have you changed your scheduled rotation on non-neurological services due to this emergency?

- ☐ Yes
- ☐ No

24) Have you been working abroad during the outbreak?

- ☐ Yes
- ☐ No

25) If Yes, have you changed your scheduled program?

- ☐ No
- ☐ Yes, I am currently working from home, but physically staying abroad
- ☐ Yes, I came back home

26) If you are back, please select one of these:

- ☐ I have independently decided to come back
- ☐ I have been recalled by the Head of the Department/Director of the residency programme
- ☐ I have been recalled by local authorities
- ☐ I have decided, in agreement with my Director, to work from home with the host institution and to be available to work on my ward if necessary
- ☐ Other (please specify)

27) In your opinion, could this situation worsen the psychological and physical condition of the neurological patients?

- ☐ Yes
- ☐ No

28) If Yes, are you able to provide a psychological support for those patients?

- ☐ Yes
- ☐ No

29) In your Institution, has psychological support for you been activated?

- ☐ Yes
- ☐ No